

# **EXHIBIT 3**

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

**OFFICE USE ONLY**

Application Number 216520  
Date Rec'd 8/8/19  
Fee Rec'd 6000.00  
Receipt # 216520  
Applicant Name Pharmaco Inc.



**CITY OF PONTIAC**  
**MEDICAL MARIHUANA FACILITY**  
**GROWER PERMIT APPLICATION**

**One Year Permit Term**

Applications must be submitted to the Office of the City Clerk  
47450 Woodward Avenue, Pontiac, MI 48342 Monday-Friday 9:00 a.m.-4:00 p.m.

**APPLICATION CHECKLIST**

(PONTIAC ORDINANCE #2357B "CITY OF PONTIAC MEDICAL MARIHUANA FACILITIES ORDINANCE")

**\*REVIEW AND FOLLOW THE "MEDICAL MARIHUANA FACILITY PERMIT APPLICATION INSTRUCTIONS" WHEN COMPLETING THIS APPLICATION\***

<input type="checkbox"/>	<b>\$5,000 Application Fee (NON-REFUNDABLE) (Certified Check payable to the City of Pontiac)</b>
<input type="checkbox"/>	One (1) Original and Four (4) Copies of Completed Typed Application
<input type="checkbox"/>	All Attachments Properly Labeled with Ordinance Section Reference
<b>Applicant Information</b>	
<input type="checkbox"/>	Complete Applicant Information with Each Item Clearly Identified (Sec. 8(c)(1), (3))
<input type="checkbox"/>	If Applicant is a Corporation, LLC, LLP or Other Entity - Organizational Documentation (Sec. 8(c)(2), (4))
<input type="checkbox"/>	Proposed Ownership Structure of the Entity that Identifies the Ownership Percentage Held by Each Stakeholder (Sec. 8(c)(7))
<input type="checkbox"/>	Current Organization Chart that Includes Position Descriptions and the Names of Each Person Holding such Position (Sec. 8(c)(8))
<b>Financial Background</b>	
<input type="checkbox"/>	Proposed Business Plan (Sec. 8(c)(6))
<input type="checkbox"/>	Description of the Financial Structure and Financing of the Proposed Medical Marihuana Facility (Sec. 8(c)(12))
<input type="checkbox"/>	Short-Term and Long-Term Business Goals and Objectives for the Proposed Medical Marijuana Facility (Sec. 8(c)(13))
<input type="checkbox"/>	Proposed Marketing, Advertising and Business Promotion Plan for the Proposed Medical Marihuana Facility (Sec. 8(c)(9))
<input type="checkbox"/>	Verification that the Applicant has a Minimum Capitalization Consistent with the Requirements of LARA Rule 12 (Sec. 8(c)(24))
<b>Community Investment</b>	
<input type="checkbox"/>	Description of Planned Tangible Capital Investment in the City of Pontiac (Sec. 8(c)(10))
<input type="checkbox"/>	Explanation of the Economic Benefits to the City of Pontiac and Job Creation to be Achieved (Sec. 8(c)(11))
<input type="checkbox"/>	Description of Proposed Community Outreach and Education Strategies (Sec. 8(c)(15))
<input type="checkbox"/>	Description of Proposed Charitable Plans (Sec. 8(c)(16))
<b>Facility Location Requirements</b>	
<input type="checkbox"/>	Floor Plan of the Proposed Medical Marihuana Facility Consistent with Requirements of Section 6.208 of the City of Pontiac Zoning Ordinance (Sec. 8(c)(18))
<input type="checkbox"/>	Scale Diagram Illustrating the Property Upon Which the Proposed Medical Marihuana Facility is to be Operated, Including all Available Parking Spaces and Specifying Which Parking Spaces are Handicapped Accessible (Sec. 8(c)(19))
<input type="checkbox"/>	Depiction of any Proposed Text or Graphic Materials to be Shown on Exterior of Proposed Medical Marihuana Facility (Sec. 8(c)(20))
<input type="checkbox"/>	Location Map that Identifies the Relative Locations of, and Distances from, the Nearest School, Childcare Center, Public Park containing Playground Equipment, or Religious Institution (Sec. 8(c)(27))
<input type="checkbox"/>	Compliance with All State and Local Building, Electrical, Fire, Mechanical and Plumbing Requirements (Sec. 9(b)(1))
<input type="checkbox"/>	Compliance with the Zoning Ordinance (Sec. 9(b)(2))
<input type="checkbox"/>	Facility has been Issued a Certificate of Occupancy and, if Necessary, a Building Permit (Sec. 9(b)(3))
<b>Facility Operations</b>	
<input type="checkbox"/>	Description of Employee Training and Education (Sec. 8(c)(5))
<input type="checkbox"/>	Security Plan Consistent with the Requirements of LARA Rule 35 (Sec. 8(c)(17))
<input type="checkbox"/>	Facility Sanitation Plan (Sec. 8(c)(21))
<input type="checkbox"/>	Inventory and Recordkeeping Plan Consistent with the Requirements of LARA (Sec. 8(c)(22))
<input type="checkbox"/>	Proof of Premises Liability and Casualty Insurance Consistent with the Requirements of LARA Rule 11 (Sec. 8(c)(25))
<input type="checkbox"/>	Cultivation Plan (Sec. 8(c)(30))
<input type="checkbox"/>	Chemical and Pesticide Storage Plan Consistent with the Requirements of LARA (Sec. 8(c)(31))
<b>Criminal Background</b>	
<input type="checkbox"/>	Criminal Background Reports of the Applicant and the Applicant's Stakeholders Dated within 30 Days of the Date of the Application (Sec. 8(c)(14))
<b>Affidavit and Signature</b>	
<input type="checkbox"/>	Affidavit that Neither the Applicant nor any Stakeholder is in Default to the City of Pontiac (Sec. 8(c)(23))
<input type="checkbox"/>	Signed Acknowledgement that Marihuana Use, Cultivation, Possession, Dispensing, Testing, Transporting and Distribution are Subject to Federal Law, and Indemnification of the City of Pontiac (Sec. 8(c)(26))

Pontiac City Clerk's Office  
47450 Woodward Avenue, Pontiac, MI 48342  
PHONE: (248) 758-3200 FAX: (248) 758-3160

# Medical Marihuana Facilities

## **Grower Application**

**Location:**  
**13 S. Glenwood Ave.**  
**Pontiac, MI 48342**

## **Applicant:**

**Pharmaco, Inc.**  
**33493 W. 14 Mile Rd. Suite 100**  
**Farmington Hills, MI 48331**  
**info@pharmacoinc.com**





Pharmaco, Inc., Confidential Sec. 8(c)(19)



Figure 2

All questions on this form must be answered completely and truthfully.  
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PLEASE TYPE ONLY.

### APPLICANT INFORMATION

#### Establishment Information

☒ **Grower (CHECK ONE ONLY):**

- ☐ Class A (Up to 500 Plants)  
☐ Class B (Up to 1,000 Plants)  
☒ Class C (Up to 1,500 Plants)

Name of Establishment <b>Pharmaco, Inc.,</b>		Establishment Phone Number <b>248-307-6982</b>	
Establishment Address <b>13 S. Glenwood Ave.</b>	City <b>Pontiac</b>	State <b>MI</b>	Zip <b>48342</b>

Establishment is:      ☐ Owned      ☒ Leased

#### Applicant Type

☐ Individual      ☒ Corporation      ☐ LLC      ☐ LLP      ☐ Other \_\_\_\_\_

#### Applicant Information

Applicant Name <b>Pharmaco, Inc.,</b>		Date of Birth (if individual) (month/day/year)/EIN (if entity): <b>61-1788973</b>	
Phone Number <b>248-307-6982</b>		Secondary Phone Number (if available)	
Applicant Address <b>33493 W. 14 Mile Rd., Suite 100</b>	City <b>Farmington Hills</b>	State <b>MI</b>	Zip <b>48331</b>
Applicant Email Address <b>info@pharmacoinc.com</b>			

(Sec. 8(c)(1), (3))



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PLEASE TYPE ONLY.

**APPLICANT INFORMATION (cont.)**

**Stakeholder Information** – Corporations, LLCs, LLPs and other non-individual entity applicants must complete this sheet for every Stakeholder (the officers, directors, and managerial employees of an applicant and any persons who hold any direct or indirect ownership interest in the applicant). **THE FIRST STAKEHOLDER LISTED BELOW WILL BE THE DESIGNATED CONTACT FOR THE APPLICANT. Make additional copies as needed.**

Name (DESIGNATED CONTACT) <b>James P. Skinner</b>		Date of Birth (month/day/year) <b>03/20/1978</b>	
Phone Number [REDACTED]		Secondary Phone Number (if available)	
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Email Address <b>info@pharmacoinc.com</b>			

Name <b>Fernando DiCarlo</b>		Date of Birth (month/day/year) <b>04/27/1959</b>	
Phone Number [REDACTED]		Secondary Phone Number (if available)	
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Email Address <b>info@pharmacoinc.com</b>			

Name <b>Darrell Blalock</b>		Date of Birth (month/day/year) <b>10/17/1969</b>	
Phone Number [REDACTED]		Secondary Phone Number (if available)	
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Email Address <b>info@pharmacoinc.com</b>			

(Sec. 8(c)(1))

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### APPLICANT INFORMATION (cont.)

**Stakeholder Information** – Corporations, LLCs, LLPs and other non-individual entity applicants must complete this sheet for every Stakeholder (the officers, directors, and managerial employees of an applicant and any persons who hold any direct or indirect ownership interest in the applicant). THE FIRST STAKEHOLDER LISTED BELOW WILL BE THE DESIGNATED CONTACT FOR THE APPLICANT. *Make additional copies as needed.*

Name (DESIGNATED CONTACT)		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name <b>Simonetta DiCarlo</b>		Date of Birth (month/day/year) <b>09/05/1964</b>	
Phone Number <b>416-966-4210</b>		Secondary Phone Number (if available)	
Address <b>54 Balding Blvd</b>	City <b>Woodbridge</b>	State <b>Ontario, Canada</b>	Zip <b>L4L3R9</b>
Email Address <b>info@pharmacoinc.com</b>			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

(Sec. 8(c)(1))

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PLEASE TYPE ONLY.

<b>APPLICANT INFORMATION (cont.)</b>
--------------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**Entity Information:**

- If the applicant is a corporation, LLC, LLP or other entity, the applicant must attach the entity organizational documentation, including:
  - Articles of incorporation or organization of the Applicant (**Attachment Label: Sec. 8(c)(2)**)
  - Bylaws or operating agreement of the Applicant (**Attachment Label: Sec. 8(c)(4)**)
- Submit documentation that describes the proposed ownership structure of the entity and that identifies the ownership percentages held by each stakeholder (**Attachment Label: Sec. 8(c)(7)**)
- Submit a current organization chart that includes position descriptions and the names of each person holding such position (**Attachment Label: Sec. 8(c)(8)**)



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**FINANCIAL BACKGROUND**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(6))**

Proposed business plan for the applicant.  
See Attached

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**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(12)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(12))**

Describe the financial structure and the financing of the proposed medical marihuana facility. Graphical images are acceptable, so long as the entities or individuals referenced on the graph have been identified in this application.

See Attached

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**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(13)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(13))**

Describe the short-term and long-term business goals and objectives for the proposed medical marihuana facility.

See Attached

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<b>FINANCIAL BACKGROUND (cont.)</b>
-------------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(9)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Submit the following additional information:

- Proposed marketing, advertising and business promotion plan for the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(9)**)
- Verification that the applicant has a minimum capitalization consistent with the requirements of LARA Rule 12 (**Attachment Label: Sec. 8(c)(24)**)
  - Such verification shall be provided by submitting CPA attested financial statements documenting capitalization requirements.



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**COMMUNITY INVESTMENT**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(10)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(10))**

Describe the planned tangible capital investment in the City of Pontiac, including detail related to the number and nature of proposed medical marihuana facilities, and whether the locations of such facilities will be owned or leased. Attach a copy of the executed deed or lease to this application.

See Attached

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**COMMUNITY INVESTMENT** (cont.)

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**(Attachment Label: Sec. 8(c)(11))**

Explain the economic benefits to the City of Pontiac and job creation to be achieved, including the number and type of jobs the medical marihuana facility is expected to create, the amount and type of compensation expected to be paid for such jobs, and the projected annual budget and revenue of the medical marihuana facility.

See Attached

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**COMMUNITY INVESTMENT (cont.)**

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**(Attachment Label: Sec. 8(c)(15))**

Describe the applicant's proposed community outreach and education strategies.

See Attached

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**COMMUNITY INVESTMENT (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(16)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(16))**

Describe the proposed charitable plans of the applicant, whether through financial donations or volunteer work.

See Attached



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<b>FACILITY LOCATION REQUIREMENTS</b>
---------------------------------------

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Applicant must make the following submissions for its proposed location:

- Floor plan of the proposed medical marihuana facility consistent with requirements of Section 6.208 of the City of Pontiac zoning ordinance (**Attachment Label: Sec. 8(c)(18)**)
- Scale diagram (in the form of a property survey prepared by a licensed professional surveyor) illustrating the property upon which the proposed medical marihuana facility is to be operated, including all available parking spaces and specifying which parking spaces are handicapped accessible (**Attachment Label: Sec. 8(c)(19)**)
- Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(20)**)
- Location map (in the form of a survey map prepared by a licensed professional surveyor) that identifies the relative locations of, and distances from, the nearest school, childcare center, public park containing playground equipment, or religious institution (**Attachment Label: Sec. 8(c)(27)**)
  - The measurement must be taken along the centerline of the street or street of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center or religious institution, or, for a public park, from the playground equipment nearest the contemplated location, and from the primary point of ingress to the contemplated location.

No application will be approved for a permit unless:

- The fire department and the departments of building and safety and planning or another relevant department have confirmed that the proposed location is in compliance with all state and local building, electrical, fire, mechanical and plumbing requirements (**Sec. 9(b)(1)**)
- The departments of building and safety and planning or another relevant department has confirmed that the proposed location complies with the zoning ordinance (**Sec. 9(b)(2)**)
- The proposed medical marihuana facility has been issued a certificate of occupancy and, if necessary, a building permit (**Sec. 9(b)(3)**)
- The applicant is prequalified (step-one approval) for a State of Michigan medical marihuana facilities license by the Michigan Department of Licensing and Regulatory Affairs (**Sec. 17(3)**)

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<b>FACILITY LOCATION REQUIREMENTS (cont.)</b>
---

**Note to Applicants:** the submissions set forth on the previous page of this application and the medical marihuana facility are subject to the following submission and review standards (PLEASE NOTE THAT THE BELOW IS NOT A COMPLETE LIST OF APPLICABLE STANDARDS):

- All medical marihuana facilities must meet the following applicable building codes: (i) Michigan Building Code 2015; (ii) Michigan Mechanical 2015; (iii) Michigan Plumbing Code 2015; and (iv) National Electrical Code 2017
- Applicants shall be required to obtain permits for build out of medical marihuana facilities – such permits may include: (i) Building; (ii) Electrical; (iii) Mechanical; (iv) Plumbing; (v) Fire Alarm (Security System); and (vi) Fire Suppression
- Applicable medical marihuana facilities must meet applicable requirements of the International Fire Code 2015 edition and National Fire Protection Association (NFPA) standards (including NFPA 1 2018)
- Applicants are subject to Property Maintenance Code 2015, Section 107.5
- Review of medical marihuana applications by the City of Pontiac planning division; without limitation, review of permits is subject to the following provisions of the Pontiac zoning ordinance:
  - Uses Permitted by District: Articles 2, Chapter 2
  - Dimensional and Development Standards for Zoning District: Article 2, Chapter 3
  - Frontage Design Standards: Article 2, Chapter 4
  - Dimension & Development Standards for Specific Uses: Article 2, Chapter 5
  - Special Purpose Zoning Districts: Article 3, Chapter 11
  - General Provision: Article 4
    - Accessory Structures and Fences: Chapter 1
    - General Standards: Chapter 2
    - Parking: Chapter 3
    - Landscaping & Buffering: Chapter 4
    - Exterior Lighting: Chapter 5
    - Performance Standards: Chapter 7
  - Signs: Article 5
  - Site Plan Review: Article 6, Chapter 3
  - Special Exception Permit Review: Article 6, Chapter 3
  - Variances & Appeals: Article 6, Chapter 4
  - Permits, Fees, Violations and Penalties: Article 6, Chapter 7
  - Zoning Text & Map Amendments: Article 6, Chapter 8
  - Public Hearing Procedures: Article 6, Chapter 9
  - Definitions: Article 7, Chapter 1, 2 & 3

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**FACILITY OPERATIONS**

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**(Attachment Label: Sec. 8(c)(5))**

Describe the training and education that the applicant will provide to all employees.  
See Attached

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<b><u>FACILITY OPERATIONS (cont.)</u></b>
---

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Applicant must make the following submissions for its proposed operations:

- Security plan for proposed medical marihuana facility consistent with the requirements of LARA Rule 35 (**Attachment Label: Sec. 8(c)(17)**)
- Facility sanitation plan (**Attachment Label: Sec. 8(c)(21)**)
  - This plan must describe how waste will be stored and disposed and how marihuana will be rendered unusable upon disposal at the proposed medical marihuana facility.
- Inventory and recordkeeping plan consistent with the requirements of LARA (**Attachment Label: Sec. 8(c)(22)**)
- Proof of premises liability and casualty insurance consistent with the requirements of LARA Rule 11 (**Attachment Label: Sec. 8(c)(25)**)
- Cultivation plan (**Attachment Label: Sec. 8(c)(30)**)
  - A cultivation plan must include a description of the cultivation methods to be used, including whether the grower plans to grow outdoors consistent with the rules promulgated by LARA.
- Chemical and pesticide storage plan consistent with the requirements of LARA (**Attachment Label: Sec. 8(c)(31)**)



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<b><u>CRIMINAL BACKGROUND</u></b>
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Applicant must make the following submission for review of applicable criminal background history:

- Criminal background reports of the applicant's and the applicant's stakeholders' criminal history dated within 30 days of the date of this application (**Attachment Label: Sec. 8(c)(14)**)
  - Such report shall be obtained through Internet Criminal History Access Tool (ICHAT) for applicants residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants who reside in other states or who have resided in other states within 5 years prior to the date of this application.
  - Such reports must be obtained by applicant and attached to this application.

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**\*COMPLETE FOR APPLICANT AND EACH STAKEHOLDER\***

**PONTIAC CITY TREASURER'S OFFICE**  
47450 Woodward Ave - 1st Floor  
Pontiac, MI 48342  
(248) 758-3272 FAX (248) 758-3177

**PONTIAC TREASURY INFORMATION REQUEST**

Name: Darrell Blalock  
Home Address: [REDACTED]  
Since: \_\_\_\_\_  
Daytime Phone Number: [REDACTED]  
Social Security #: [REDACTED]  
Driver's License #: [REDACTED] 0  
Date of Birth (month/day/year): [REDACTED] 9

Employer/Business Information

Corporate Name: Pharmaco, Inc.,  
Doing Business As: \_\_\_\_\_  
Address: 33493 W. 14 Mile Rd., Suite 100, Farmington Hills, MI 48331  
Since: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Federal Employer Identification #: 61-1788973

Do you, or any of these businesses, owe the City money for any reason? Yes \_\_\_\_\_ No X

If Yes, for what reason? \_\_\_\_\_

Name of any other Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEE ATTACHED  
Signature

\_\_\_\_\_  
Date

Pontiac City Clerk's Office  
47450 Woodward Avenue, Pontiac, MI 48342  
PHONE: (248) 758-3200 FAX: (248) 758-3160

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**\*COMPLETE FOR APPLICANT AND EACH STAKEHOLDER\***

PONTIAC CITY TREASURER'S OFFICE  
47450 Woodward Ave - 1st Floor  
Pontiac, MI 48342  
(248) 758-3272 FAX (248) 758-3177

**PONTIAC TREASURY INFORMATION REQUEST**

Name: Darrell Black  
Home Address: 711679 Orchard End Bruce MI 48065  
Since: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Date of Birth (month/day/year): \_\_\_\_\_

**Employer/Business Information**

Corporate Name: Pharmaco, INC  
Doing Business As: \_\_\_\_\_  
Address: 33493 W. 14 mile Rd. Suite 100  
Farmington Hills, MI 48331 Since: \_\_\_\_\_  
Business Phone #: 248-307-6982  
Federal Employer Identification #: 61-1788973

Do you, or any of these businesses, owe the City money for any reason? Yes \_\_\_\_\_ No X

If Yes, for what reason? \_\_\_\_\_

Name of any other Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_

[Signature]  
Signature

6/11/19  
Date

Pontiac City Clerk's Office  
47450 Woodward Avenue, Pontiac, MI 48342  
PHONE: (248) 758-3200 FAX: (248) 758-3160

### AFFIDAVIT AND SIGNATURE

- ☒ I swear and affirm that neither I, the applicant, nor any stakeholder of the applicant, is in default to the City of Pontiac, including for failure to pay any property taxes, special assessments, fines, fees or other financial obligations to the City. (Sec. 8(c)(23))
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I swear and affirm, under the penalties of perjury, that the information and statements set forth in this application, including all attachments hereto, are true and complete.

Printed Name: Darrell Blalock

Signature: [Signature]

Address: [Redacted]

Date: 6/11/19

Subscribed & sworn to before me this 11 day of June 2019

Notary Signature: [Signature]

Printed Name: Sherrica Bone My Commission Expires 12-9-23

Notary Public, Oakland County, MI Acting in the County of Oakland

### APPEAL RIGHTS

Any applicant aggrieved by the denial of a permit may appeal to the Pontiac City Clerk, who shall appoint a hearing officer to hear and evaluate the appeal and make a recommendation to the Pontiac City Clerk. Such appeal shall be taken by filing with the Pontiac City Clerk, within fourteen (14) days after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a written statement setting forth fully the grounds for the appeal. The Pontiac City Clerk shall review the report and recommendation of the hearing officer and make a decision on the matter. The Pontiac City Clerk's decision may be further appealed to the medical marihuana commission if applied for in writing to the medical marihuana commission no later than thirty (30) days after the Pontiac City Clerk's decision.

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Pontiac City Clerk's Office  
47450 Woodward Avenue, Pontiac, MI 48342  
PHONE: (248) 758-3200 FAX: (248) 758-3160



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PLEASE TYPE ONLY.

**\*COMPLETE FOR APPLICANT AND EACH STAKEHOLDER\***

**PONTIAC CITY TREASURER'S OFFICE**

47450 Woodward Ave - 1st Floor  
Pontiac, MI 48342  
(248) 758-3272 FAX (248) 758-3177

**PONTIAC TREASURY INFORMATION REQUEST**

Name: Fernando DiCarlo

Home Address: [REDACTED]

Since: \_\_\_\_\_

Daytime Phone Number: [REDACTED]

Social Security #: [REDACTED]

Driver's License #: [REDACTED]

Date of Birth (month/day/year): [REDACTED]

Employer/Business Information

Corporate Name: Pharmaco, Inc.,

Doing Business As: \_\_\_\_\_

Address: 33493 W. 14 Mile Rd., Suite 100, Farmington Hills, MI 48331

Since: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Federal Employer Identification #: 61-1788973

Do you, or any of these businesses, owe the City money for any reason? Yes \_\_\_\_\_ No X

If Yes, for what reason? \_\_\_\_\_

Name of any other Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_

SEE ATTACHED

Signature

Date

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47450 Woodward Ave - 1st Floor  
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**PONTIAC TREASURY INFORMATION REQUEST**

Name: Fernando DiCarlo

Home Address: [REDACTED]

Driver's License #: [REDACTED]

Date of Birth (month/day/year): [REDACTED]

**Employer/Business Information**

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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Since: \_\_\_\_\_

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Signature [Signature]

Date 6/11/19

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47450 Woodward Ave - 1st Floor  
Pontiac, MI 48342  
(248) 758-3272 FAX (248) 758-3177

**PONTIAC TREASURY INFORMATION REQUEST**

Name: Simonetta Di Carlo

Home Address: [REDACTED]

Since: \_\_\_\_\_

Daytime Phone Number: [REDACTED] 2

Social Security # [REDACTED]

Driver's License #: [REDACTED]

Date of Birth (month/day/year) [REDACTED]

Employer/Business Information

Corporate Name: Pharmaco., Inc.,

Doing Business As: \_\_\_\_\_

Address: 33493 W. 14 Mile Rd., Suite 100, Farmington Hills, MI 48331

Since: \_\_\_\_\_

Business Phone #: 248-307-6987

Federal Employer Identification #: 61-1788973

Do you, or any of these businesses, owe the City money for any reason? Yes \_\_\_\_\_ No X

If Yes, for what reason? \_\_\_\_\_

Name of any other Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SEE ATTACHED  
Signature

\_\_\_\_\_  
Date

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Daytime Phone Number: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
\_\_\_\_\_ 090601 7 \_\_\_\_\_ 5  
Date of Birth (month/day/year): \_\_\_\_\_

Employer/Business Information

Corporate Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Since: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
Federal Employer Identification #: \_\_\_\_\_

Do you, or any of these businesses, owe the City money for any reason? Yes \_\_\_\_\_ No X

If Yes, for what reason? \_\_\_\_\_

Name of any other Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A handwritten signature in black ink, appearing to be "A. Miller", written over a horizontal line.  
Signature

6-11-15  
Date

Pontiac City Clerk's Office  
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Printed Name: Simone DiCarlo

Signature: [Signature]

Address: [Redacted]

Date: 6-11-19

Subscribed & sworn to before me this 11 day of June 20 19

Notary Signature [Signature]

Printed Name Julio Chafin Nunez My Commission Expires 10-19-25

Notary Public, Dakland County, MI Acting in the County of Dakland

**APPEAL RIGHTS**

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47450 Woodward Ave - 1st Floor  
Pontiac, MI 48342  
(248) 758-3272 FAX (248) 758-3177

**PONTIAC TREASURY INFORMATION REQUEST**

Name: James P. Skinner

Home Address: [REDACTED]

Since: \_\_\_\_\_

Daytime Phone Number: [REDACTED]

Social Security #: [REDACTED]

Driver's License #: [REDACTED] 7

Date of Birth (month/day/year): [REDACTED] 8

Employer/Business Information

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\_\_\_\_\_

SEE ATTACHED  
Signature

\_\_\_\_\_  
Date



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**PONTIAC TREASURY INFORMATION REQUEST**

Name: James Skinner  
Home Address: 1009 Buell Street Cottleville MI 48039

Since:

Driver's License #: [REDACTED]

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6/11/19  
Date

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Printed Name: James Skinner

Signature: [Signature]

Address: [Redacted]

Date: 6/11/19

Subscribed & sworn to before me this 11 day of June 2019

Notary Signature [Signature]

Printed Name Shamara Boone S My Commission Expires 12/09/23

Notary Public, Oakland County, MI Acting in the County of Oakland

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